

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application No.:

10/630,227

Group:

1647

Filed:

July 30, 2003

Examiner:

Shafer, Shulamith H.

Confirmation No.:

8291

For:

TRANS-CAPSULAR ADMINISTRATION OF HIGH SPECIFICITY

CYTOKINE INHIBITORS INTO ORTHOPEDIC JOINTS

CERTIFICATE OF MAILING OR TRANSMISSION

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and Trademark Office on:

4-4-200 Date

ignature

Amy Comeau

Typed or printed name of person signing certificate

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been [] established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and [] 1.27 is enclosed.

OTHER THAN

The claims fee has been calculated as shown below:

						_	SMALL ENTITY				SMALL ENTITY			VIIIY	
	CLAIMS REMAINING AFTER AMENDMENT		PREVI	EST NO. IOUSLY D FOR	PRESENT EXTRA	i	R	ATE		ADDIT. FEE	<u>OR</u>	R	АТЕ		ADDIT. FEE
TOTAL	89	MINUS	*	83	6		x	\$ 25	\$			x	\$50	\$	300
INDEP	5	MINUS	**	4	1		x	\$100	\$			Х	\$200	\$	200
	FIRST PRESENT	ATION O	F MULT	TIPLE DE	P. CLAIM		+	\$180	\$			+	\$360	\$	
<u> </u>	* not fewer than 20 ** not fewer than 3							TAL=	\$_	0	=	TC	TAL=	\$ =	500

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

		No. of	SMALL ENTITY			_	OTHER THAN SMALL ENTITY					
Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	Additional Units Required (Increments of 50 sheets)		Rate	Total Amount Owed		Rate	Total Amount Owed		Payment Sufficient for up to		
		,		X \$125	\$[]		X \$250	\$ []		[] Sheets		

Petition for Extension of Time

[]	Applicant hereby petitions to extend the time to respond to the [month(s) from [] to []. The appropriate fee is set forth below] for []
[]	[For action-specific language in an extension of time, go to insert, templates, and select the appropriate paragraph.]	file, public	folders,	firm

Please ch	arge Deposit Account	No. 08-0380 for the following fees:			
[]	Petition for [] month Extension of Time		\$	
[]	Claims Fee			\$	
[]	Application Size Fee		\$		
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		ТО	TAL:	\$	0
A check	is enclosed in paymen	t of the following fees:			
[]	Petition for [] month Extension of Time		\$	
[X]	Claims Fee			\$	500.00
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ma	ease charge any deficient tter to Deposit Account rposes.	ncy or credit any overpayment in the fees that a No. 08-0380. A copy of this letter is enclosed Respectfully submitted,	may be di ed for acc	ue in th ounting	is S
		HAMILTON, BROOK, SMITH & REYN		P.C.	_
		Deirdre E. Sanders Registration No.: 42,122 Telephone (978) 341-0036 Facsimile (978) 341-0136			
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Dated: April 4 2006